



Warehouse Installation

Customer Survey

Date: _____

Email The Form: paul@idezi.com

Section 1. Customer Information

Customer: _____

Contact: _____

Start Date: _____

Site Location: _____

Project Completion Date: _____

Section 2. Warehouse Layout/ Environment

Project Size (s.f.) _____ Aisle Width _____ Building Size (s.f.) _____

CAD Drawing Available? (Please Attach) Yes No Building In Use? Yes No Temperature Range _____ (At time of install)

Working Environment: New Active Electrical Supply: 110 Plug Ins None Project Area In Use During Install? Yes No

Accessible 24/7? Yes No Forklift & Driver Available? (To move product) Yes No

If Building Is Not In Use, Is There A Direct Contact On Site? Yes No Working Hours: M-F _____

If Building And Project ARE In Use, Which Takes Priority? Install Client Activity Weekend _____

Installation Challenges - i.e. Inspections, Traffic, Daily Updates



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Section 3. Rack Label Installation * All Rack Faces Must Be Cleaned Of Dirt & Dust.

Racking Types
(Check all that Apply):

- Single Select Double Deep Push Back Drive In
- Drive Through Shelving All Other _____

Beam Depth _____
(Height of Individual Beam & Face)

Top Beam Height: _____

Bottom Beam Height: _____

Beam Dimension (h x w): _____

Wire Decking Already Installed?

- Yes No

Are Racks Free Of Product?

- Yes No

Are Racks Clean?

- Yes No

Beam Face Type:

- Smooth Indented

Type Of Racking:

- New Used Painted Cast

Existing Labels On The Rack?

- Yes No

Number Of Levels Of Racking? _____ (If this varies, mention the range ex: 2-8)

Label Coverup Required?

- Yes No

Number Of Coverup Labels To Be Installed? _____

Of New Rack Labels Installed? _____

Layout For Label Placement Available?

- Yes No

Location Where Label Will Be Placed?

- Ground Level (<6ft) Above Ground Leve (>6ft)

Section 4. Warehouse Sign Installation

Ceiling Clear Height: _____ **Stack Height Of Products:** _____

Existing Hardware?
(Cable or conduit)

- Yes No

Number Of Signs To Be Installed? _____ **Number Of Cable/Conduit Runs?** _____

Total Number Of Linear Feet (conduit): _____ **Total Number Of Linear Feet (cable):** _____

Height To Bottom Sign: _____ **Floor To Bottom Of Sign:** _____

Project Mgr./Ldr. _____ **Phone:** _____ **Email:** _____

List Facility Mgrs. _____ **Phone:** _____ **Email:** _____

PLEASE INCLUDE A COPY OF THE FACILITY DRAWING WHEN SENDING COMPLETED SURVEY!